

NEIGHBORHOOD TRAFFIC STUDY REQUEST

Neighborhood Name _____

Study Location _____

Citizen Requesting Study _____

Address _____ Zip Code _____

Phone _____ Cell Phone _____ Email _____

Do you belong to a neighborhood or Home Owners Association?

No _____ Yes, which one: _____

Check your neighborhood's traffic problems and provide a brief description.

- | | | |
|--|---|--|
| <input type="checkbox"/> Speeding | <input type="checkbox"/> Traffic Volume | <input type="checkbox"/> Danger to Pedestrians |
| <input type="checkbox"/> Cut-through Traffic | <input type="checkbox"/> Accident Problem | <input type="checkbox"/> Lack of Sidewalks |
| <input type="checkbox"/> Parking | <input type="checkbox"/> Other _____ | |

Please attach a description of the location of your traffic problem, including the overall area affected, the worst problem area, and the effects of the problem. Be sure to include specific street and intersection names. Include specific times of the day and type of traffic. Please submit a map or drawing of the problem area.

Please submit this form with the following petition signed by at least 10 of the property owners (one per household) on the street(s) you are requesting traffic calming assistance.

Only one petition per year may be submitted for a specific street or area.

Please submit traffic study request to:
West Valley City Public Works Department
Attn: Erik Brondum
3600 Constitution Boulevard, Suite 290
West Valley City, UT 84119-3720



WEST VALLEY CITY

Neighborhood Watch

www.wvc-ut.gov/neighborhoods

PETITION

Name: _____ Address: _____

Comment: _____

Name: _____ Address: _____

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